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**FILE**

AUG 31 2004

DEAN HELLER  
SECRETARY OF STATE  
State of Nevada

# Committee for Political Action (PAC) Registration Form

Print or type the following information; complete both sides of this registration form:

**REGISTRATION:** (check one) ☐ New registration ☐ Amended registration (if amended list reason)

**REASON FOR AMENDMENT:** ☒ Change in officers ☐ Change resident agent  
☐ Other \_\_\_\_\_

**NAME OF COMMITTEE:** American Insurance Association PAC-Nevada

**Mailing Address:** 980 9th Street, #2060

Sacramento, CA 95814

City State Zip

**Telephone Number:** 916.442.7617

**Facsimile Number:** 442.8178

**Email Address:** bzawkiewicz@aiadc.org

**Website Address:** www.aiadc.org

**PURPOSE:** (Briefly state the purpose for which the political action committee was organized.)

Political Contributions

**RESIDENT AGENT:** (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

**Name of Resident Agent:** James L. Wadhams

**Mailing Address:** 1120 Shadow Lane #D

Las Vegas, NV 89102

City State Zip

**Telephone Number:** 702.880.4528

**Facsimile Number:** 880.4534

**Email Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

## ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, \_\_\_\_\_, hereby accept appointment as Resident Agent for the  
above named committee for political action.

\_\_\_\_\_  
Signature of Resident Agent

\_\_\_\_\_  
Date

**OFFICERS:**

(Please list the name, title and address of each officer.)

**Name**

Ken Gibson

**Title**

V.P., State Affairs

**Address**

980 9th Street, Suite 2060

**City/State/Zip**

Sacramento, CA 95814

**Name****Address****Title****City/State/Zip****Name****Address****Title****City/State/Zip****Name****Address****Title****City/State/Zip****Name****Address****Title****City/State/Zip****AFFILIATION:**

(If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

**Name of Organization:****Address:**

American Insurance Association

1130 Connecticut Avenue NW #1000

Washington DC 20036

**Submitted By:**

Bobbie Zawkiewicz

Name of representative of group

August 30, 2004

Date

**Send Completed Form to:****SECRETARY OF STATE****101 NORTH CARSON STREET #3****CARSON CITY, NEVADA 89701-4786****PHONE: (775) 684-5705 FAX: (775) 684-5718**